

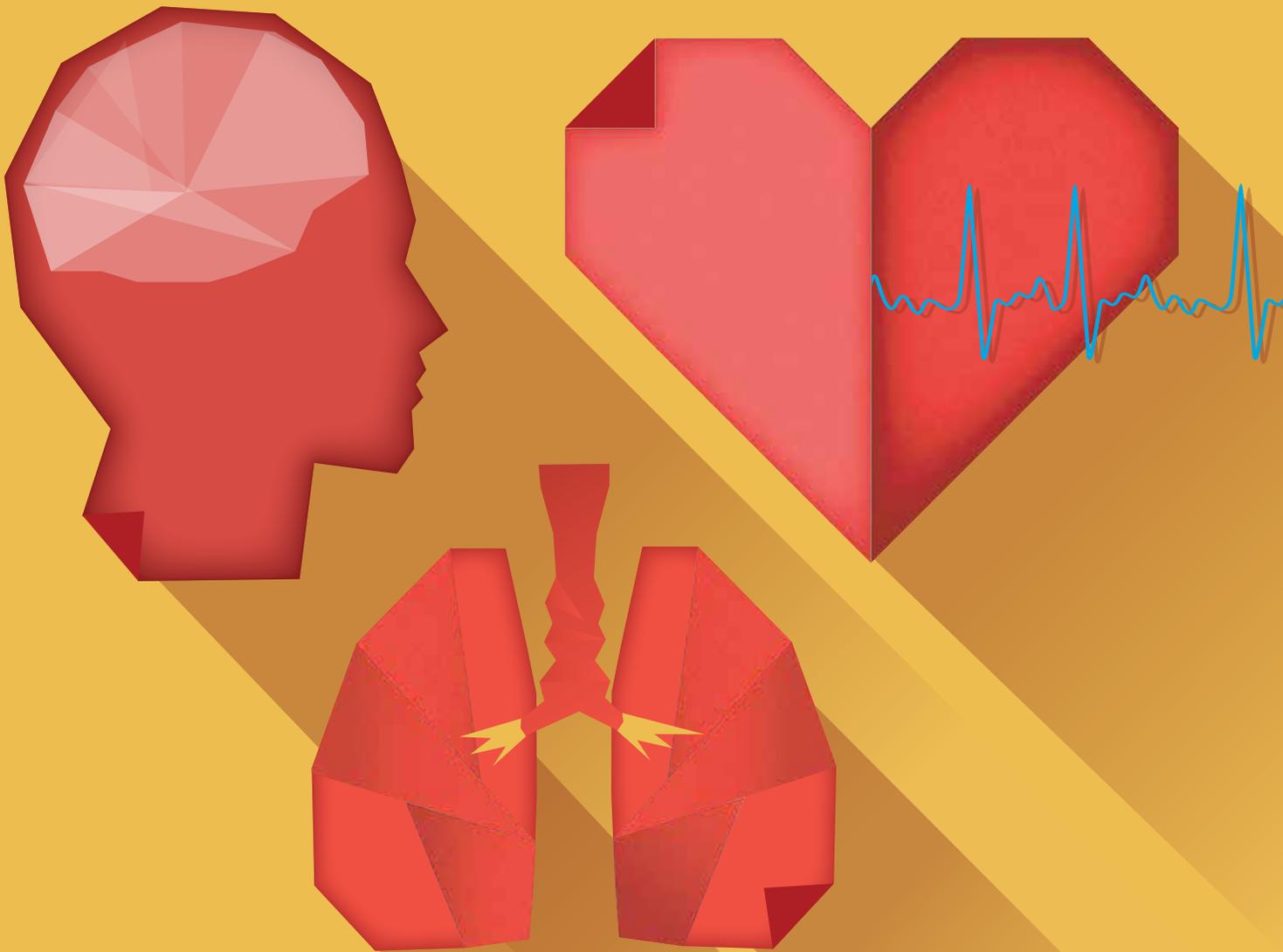
# Longhorn Nursing

Volume Three, Issue One

THE FUTURE OF NURSING STARTS HERE

Fall 2014

## Improving Care for People with Chronic Conditions



THE UNIVERSITY OF TEXAS AT AUSTIN  
School of Nursing



## Message from the Dean

**YOU'RE HOLDING ANOTHER NEWS-FILLED EDITION OF *LONGHORN NURSING*.** We are proud of this publication and have been encouraged by the positive responses we receive when a new issue hits your mailbox. Alums and friends from across the nation and around the globe have shared their enthusiasm about having one more touch point with the School and our programs.

In this issue, we're excited to feature some of our community-based outreach and chronic illness research – long-standing hallmarks of The University of Texas at Austin School of Nursing. Our efforts to foster innovation, create positive change, and improve health through nursing research continue to garner accolades and recognition. You'll also find other causes for celebration: the upcoming 25th anniversary of our AE-MSN program, the success of our students, and the national impact being made by our faculty and alumni.

Changes are coming fast to the area surrounding the School now that ground has been broken for the Dell Medical School across the street and a new \$295 million teaching hospital is about to be built right next door. We are keeping pace with the addition of notable faculty, the implementation of new programs, and the refinement of existing processes.

Our own building, however, is showing its age. Major renovations are needed in order to provide the most optimal learning environment for our students. Efforts are underway to reconfigure classrooms, enhance student-gathering spaces, and maximize existing lab and clinical teaching areas. It is only with the support of you – our friends – that we can continue to excel and to grow.

If you're not already receiving our quarterly e-newsletter, that means we don't have your email address. Help us connect with you by updating your information at [www.utexas.edu/nursing/alumni/update.php](http://www.utexas.edu/nursing/alumni/update.php).

Thank you for your continued support. We are confident that as you read this magazine, you will see that we're hard at work educating the next generation of nurses and promoting a more equitable delivery of health care for all Americans.

**Alexa K. Stuijbergen**  
**Dean, The University of Texas at Austin School of Nursing**  
**Laura Lee Blanton Chair in Nursing**  
**James R. Dougherty, Jr., Centennial Professor in Nursing**

EDUCATION, RESEARCH, SERVICE

**LONGHORN NURSING**

Volume 3, Issue 1

The University of Texas at Austin School of Nursing  
1710 Red River Street, Austin, TX 78701  
512.471.7311  
512.471.4910 fax  
nursing@nursing.utexas.edu

**WRITER/EDITOR**

Kathryn Wiley

**CONTRIBUTORS**

Andria Brannon  
Michelle Voss

**DESIGN, PRODUCTION AND ART DIRECTION**

Marketing and Creative Services,  
The University of Texas at Austin

**PHOTOGRAPHERS**

Brian Birzer, Brian Birzer Photography  
Peter Hancock and Jeremy Pawloski,  
The University of Texas at Austin School of Nursing

**COVER ILLUSTRATOR**

Janet Ehle

**THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF NURSING**

**DEAN**

Alexa Stuifbergen, PhD, RN, FAAN

**ASSOCIATE DEAN FOR RESEARCH**

Sharon Horner, PhD, RN, FAAN

**ASSOCIATE DEAN FOR ACADEMIC AFFAIRS**

Gayle Timmerman, PhD, RN, CNS, FAAN

**ASSISTANT DEAN FOR ADMINISTRATION**

Margaret Hill, MA, MDiv

**ASSISTANT DEAN FOR STUDENT SERVICES**

Vinh Nguyen, M.Ed.

**ASSISTANT DEAN FOR UNDERGRADUATE PROGRAMS**

Linda Carpenter, PhD, RN, CNE, FAAN

**ASSISTANT DEAN FOR GRADUATE PROGRAMS**

Gayle Acton, PhD, RN, CS

**INTERIM DIRECTOR, LEARNING CENTER**

Scott Hudson

**DIRECTOR OF DEVELOPMENT**

Andria Brannon, MS, JD

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Feedback welcome. Please contact us at [nursing@nursing.utexas.edu](mailto:nursing@nursing.utexas.edu) or the address above to let us know what you think about this issue of *Longhorn Nursing*. To receive the online issues, please send us your email address.

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# Nursing Research

IMPROVING CARE FOR PEOPLE WITH CHRONIC CONDITIONS

**A**sthma, diabetes, heart disease — the list of chronic diseases affecting almost 50 percent of Americans is a long one. These disabling conditions have profound and pervasive effects on the lives of millions of individuals. Seven out of 10 deaths in the United States each year result from chronic disease, and almost one out of two adults have at least one chronic illness. The conditions are among the most common, costly and preventable of all health problems in the nation. Promoting a healthy public requires solid data on therapy and interventions.

Without such evidence, informed changes would be difficult, if not impossible.

This issue of *Longhorn Nursing* focuses on faculty research efforts at the UT Austin School of Nursing that enhance better understanding of chronic illness. In addition to easing symptoms, these interventions provide coping strategies so that individuals can live the best they can for as long as they can. Some of these projects promote health or help manage disease. Others are family- or community-based initiatives linked to the needs of high-risk and

underserved populations. All of them are making lives better.

### Creating a culturally relevant approach to diabetes management

He was a long-distance truck driver who wasn't often home. He said he didn't feel that sick, but his wife persuaded him to take a blood test anyway.

"His A1C (a form of hemoglobin that is measured to identify the average blood sugar over prolonged periods of time) level was off the charts," said **Sharon Brown, PhD, RN, FAAN, professor**. "I thought it was a mistake and had it rerun. It wasn't. In persons with diabetes, the A1C goal is 7 or less; his was 18."

For more than 20 years, Dr. Brown has conducted a series of community-based intervention studies along the Texas-Mexico border to improve diabetes self-management among Mexican Americans. The Hispanic population is the fastest growing segment in the United States and has one of the highest rates of diabetes. When she began, there was nothing in the literature about what such an intervention would need to look like in order to succeed, and, despite the fact that 95 percent of those living near the border speak mostly Spanish, nothing was being done in that language.

Her interventions have resulted in clinically significant improvements in A1C levels among the participants. Furthermore, they show that culturally tailored diabetes interventions are effective in improving the health of underserved groups who bear a disproportional burden of type 2 diabetes and that these interventions are cost-effective.

Dr. Brown and her colleagues from the community who provide the interventions — nurses and dietitians — address environmental factors, many of which are modifiable, that have been implicated as contributors to developing diabetes, not only in Mexican Americans, but across all racial/ethnic groups. These include sedentary lifestyles, low socioeconomic status, barriers to accessing health care, poor diet, and low health literacy about health issues and use of health care systems.

They then talk to participants about the relationship between weight and diabetes and how making subtle changes to their diet can reverse the effects of the disease. For example, because participants didn't like the idea of weighing foods to measure the amount they ate, Dr. Brown suggested they visualize the palm of their hand as an appropriate portion size.

Social support is key to the intervention's success. "We talked about their favorite dishes and suggested ways to make healthier substitutions," she said. "Several times we would prepare a nutritious low-fat meal



**Above left: Sharon Brown, PhD, RN, FAAN, professor**

**Above right: Tracie Harrison, PhD, RN, FNP, FAAN, associate professor**

or snack, then meet resistance until one participant began to challenge the others to try it, and they'd all find out they liked it. But it took the peer pressure to get them to take the first bite."

A year after beginning the intervention, the truck driver's A1C level had decreased to 8 — still higher than the goal of 7, but since each point decrease reduces diabetic complications by 25 to 75 percent, he was feeling much better. Thanks to a culturally relevant program he can live with and the support of friends and family, he can keep on trucking.

### Taking time to understand aging in people with disabilities

"Over time, something that may seem medically stable as far as physical function can change in drastic ways how people live their lives," said **Tracie Harrison, PhD, RN, CS, FNP, FAAN, associate professor**, whose research focuses on the effects of aging in people with disabilities. "People can feel more or less disabled depending on what society asks of them."

**"HAVING A CHRONIC ILLNESS OR DISABILITY DOESN'T MEAN YOU CAN'T REACH A HIGHER LEVEL OF HEALTH."**

For instance, when a woman with a functional limitation in her hand is working at a job that requires detailed hand movement, she may feel disabled due to the high levels of pain experienced in her hand when she performs her job, which can lead to high rates of errors and possibly poor work appraisals. If she is given an appropriate accommodation or retrained to perform a job that does not require detailed hand movements, she may be able to work past retirement age. Her feelings and experience of being disabled

can be eliminated, and she may remain a very productive member of society.

The way in which women respond to their functional limitations and the types of accommodations available to them can vary, depending upon societal expectations. This is why Dr. Harrison has taken considerable effort to understand reasons for disparities in outcomes for women with disabilities depending upon their culture and ethnic background. For instance, she has spent the last five years examining how older Mexican-American women view disability, and three of her students have examined outcomes for African Americans.

“Having a chronic illness or disability doesn’t mean you can’t reach a higher level of health or that you have to see yourself in a negative state. Many people can live a full life in spite of their limitations,” Dr. Harrison explained. In her current project, she conducts a series of interviews with older women with disabilities, looking for biological stress markers in those who push themselves and indicators of accelerated aging to explain what they are perceiving about their situation. She is working to help women regulate stress levels and activities and select the most appropriate accommodations so they can do what they want within their expectations for aging and the norms of their cultural group.

One participant, an older woman who had childhood polio and as an adult developed severe scoliosis, is able to move only a thumb and socializes mainly by computer. Although she might be more comfortable in an independent living center, she refuses to leave her house. After a few visits, Dr. Harrison found out why: Her daughter had passed away in the family home, and the mother still “sees” her in the rooms.

“We may think we know what’s best for someone, but until we know their story, we can’t understand why they feel the way they do,” said Dr. Harrison. “How they adapt to changing situations can affect their long-term health. We have to support their needs, and often that means coming to assist them in their communities.

### **Helping children with asthma breathe easier**

Asthma affects nearly 6.5 million children in the United States and is the leading cause of childhood disability. It is also costly for families in terms of trips to the emergency room, missed class time and work, lost wages, and even premature death.

“Although asthma affects the child, the work to manage the disease can make an impact on the entire family and in schools and other community settings,” said **Sharon Horner, PhD, RN, FAAN, professor**, who has studied the condition in rural school-aged children for more than 20 years.

Through Dr. Horner’s community- and school-based program, children learn how to accept their condition, manage symptoms, use appropriate medication and reduce environmental risk factors. Her colleague **Eileen Kintner, PhD, RN, FAAN, associate professor** also works with children with asthma, although in school settings in underserved urban areas. Her program has children describe what it’s like to live with asthma through assignments that have them draw, read or write about the condition.

“In the beginning, many of the children write that they can’t do things that other kids do,” said Kintner. “We teach them that they have a choice about how they want to manage their asthma. When they accept their asthma, we find that they are able to set their own personal goals for controlling it.”

This acceptance also helps improve confidence. In Dr. Horner’s most recent study of 10- to 13-year-old children, she had them identify lifestyle (diet, physical activity) and asthma self-management behaviors they were willing to work on by making incremental changes. After 12 weeks, the kids were pleased that they had accomplished the tasks and experienced good outcomes.

“One parent said her child couldn’t set goals, but once he began to work on it, he found he liked setting goals,” said Dr. Horner. “When school started, he performed better in class and even tried out for the football team.”

Both researchers found that by improving asthma self-management skills and reducing symptoms, the children didn’t need to access health care services as frequently and missed school less often. Fewer hospitalizations and school absences benefit the children, their families and schools, Dr. Horner said. She also stressed that any changes made or goals set should be sustainable.



**Above: Eileen Kintner, PhD, RN, FAAN, associate professor, and Sharon Horner, PhD, RN, FAAN, professor**



## BRIDGING RACIAL, CULTURAL AND FINANCIAL DIVIDES IS KEY TO PROVIDING HEALTH CARE IN AN EQUITABLE WAY TO ALL AMERICANS

Miyong Kim, PhD, RN, FAAN, professor

“It’s important for anyone wanting to change health behaviors to ensure that the changes are something they can live with.”

### **Improving the health of underserved populations through self-care strategies**

Bridging racial, cultural and financial divides is key to providing health care in an equitable way to all Americans, according to **Miyong Kim, PhD, RN, FAAN, professor**. Her work over the years in community-based participatory research (CBPR) using self-care strategies has significantly improved the health of underserved populations, particularly minority groups.

“We know that self-care makes immediate improvements in people with chronic illnesses such as hypertension and cardiovascular diseases,” she said. “In order to maximize the success of self-care strategies, nurse researchers and educators need to translate such evidence-based interventions into a context that people, who may be linguistically isolated or are experiencing other cultural barriers, can understand and implement.”

Toward that end, Dr. Kim is developing a graduate-level class in which students will use a CBPR approach to participate in projects alongside other health care providers and community organizations. By employing the strengths of each discipline, inter-professional teams will focus on chronic disease management, particularly in underserved populations.

Dr. Kim is also exploring how technology can help reduce the health disparity gap. Having to use a computer to go online and make choices mandated by the Affordable Care Act and Medicare Part D, she explained, puts many minorities at a disadvantage. To make it more accessible, she envisions tapping into the computer gaming industry to develop language-appropriate applications and create computer games to promote health literacy.

“Socioeconomic factors and the amount of education people have play a big part in how long — and how well — they live,” she

said. “In the future, nurses will align with other disciplines such as social work, pharmacy and medicine to develop solutions that will ensure that people can better understand how to access the care they need.”

All of these efforts may one day come under the umbrella of the Center for Trans-Disciplinary Collaborative Research in Self-Management Science, a national model Dr. Kim hopes to establish. The center will join professors and students who are already engaged in health and science research with outside industry to collaborate on developing a better health care delivery system.

“I’m a matchmaker of unlikely partners, a catalyst of cooperation,” Dr. Kim said, “Because solving the complicated problems we face in order to make people’s lives better will require greater collaboration and partnership.”

### **Repairing cognitive impairment in individuals with multiple sclerosis**

**Alexa Stuijbergen, PhD, RN, FAAN, dean of the School of Nursing** and longtime principal co-investigator **Heather Becker, PhD, research scientist**, recently launched a multi-site intervention focusing on helping to improve impaired cognitive function in individuals with multiple sclerosis (MS), a chronic and often disabling neurological disease.

“Over the past 25 years, our research has focused on factors that could help MS patients promote their quality of life,” Dean Stuijbergen said. “We have recently found that cognitive impairment is shaping up to be one of the most disabling symptoms and yet it has received little attention. There are virtually no interventions to help people manage cognitive problems.”

The team’s previous research showed how important exercise can be in delaying the onset of symptoms and improving the physical, mental and social health of those living with MS. But surprisingly, when participants were asked about their perceptions

of memory problems and cognitive issues, a majority expressed concerns. The duo also found that cognitive symptoms are among the most disabling effects of the disease, and that aspects of cognition — attention, information processing speed, new learning and memory, and executive functioning — may affect 50 to 75 percent of those with MS.

The team developed an intervention based on the best cognitive rehabilitation options for other conditions, but tailored to the needs and experiences of persons with MS. The intervention “Memory, Attention and Problem Solving Skills for Persons with MS” includes learning compensatory strategies such as environmental modifications or behavioral strategies to help individuals adapt in everyday life; focusing on aspects of lifestyle such as exercise, sleep, and anxiety reduction that impact cognitive function; and brain retraining using home-based computer activities to practice skills to improve memory, attention, and problem solving.

Dr. Becker described how one participant, a real estate agent, wasn’t able to remember the telephone numbers on the “For Sale” signs she saw as she drove around town. “Through the cognitive abilities classes, she has learned how to remember numbers long enough to find a parking spot and record them,” Dr. Becker said. “Enhancing this skill was important to her, because it is so integral to her ability to function on the job.”

The group activities and the individual home computer-based programs complement each other, Dean Stuijbergen explained.



**Heather Becker, PhD, research scientist and Alexa Stuijbergen, PhD, RN, FAAN, dean of the School of Nursing**

“Maintaining attention is a major problem. In the group, the participants can learn from one another what strategy works for them, which is then supported by the new skills they learn on the computer,” she said. “We think the group meetings and computer training are synergistic.”

Dean Stuijbergen and Dr. Becker also maintain a longitudinal study, now in its 18th year, to detail changes in health status over time in a large sample of persons with MS.

Dr. Brown, Principal Investigator, *Meta-Analysis of Bio-Behavioral Determinants of Health Outcomes in Type 2 Diabetes*, funded by the National Institutes of Health (NIH), National Institute of Nursing Research (NINR), \$1.3 million

Dr. Harrison, Principal Investigator, *Health Disparities Among Mexican American Women with Disabilities*, funded by the NIH, NINR, \$1.3 million

Dr. Horner, Principal Investigator, *Enhancing Children’s and Parents’ Asthma Management*, funded by the NIH, NINR and National Heart Lung and Blood Institute (NHLBI), \$1.6 million

Dr. Kim, Principal Investigator, *Community-Based Diabetes Care for Korean American Immigrants*, funded by the NIH, National Institute of Diabetes and Digestive and Kidney Diseases, \$2.3 million

Dr. Kintner, Principal Investigator, *Comparison of Asthma Programs for Schools and Staying Healthy-Asthma Responsible & Prepared™ (SHARP™)*, funded by the NIH, NINR, NHLBI, National Institute of Child Health and Human Development, and National Institute of Allergy and Infectious Diseases, \$1.9 million

Dean Stuijbergen, Dr. Becker, Co-Principal Investigators, *Memory, Attention, and Problem-Solving Skills for Persons with MS*, funded by the NIH, NINR, \$2.2 million

# Student Update

## Meet the School of Nursing's newest Jonas Scholars

After obtaining a doctoral degree from the UT Austin School of Nursing, **Ashley Henneghan** intends to secure a nurse faculty position and educate the nursing workforce, conduct research, and improve patient outcomes. Her nursing experience focuses on helping patients cope with disease while maintaining dignity and experiencing optimal quality of life. Ashley's bachelor's in nursing from Pennsylvania State University and master's in nursing from UT Austin helped prepare her for the full scope of nursing practice, science and education. Her research focuses on late effects of cancer treatment, specifically understanding and improving survivors' cognitive function. Throughout her studies she has worked as a teaching assistant and is now a graduate research assistant. She is a certified hospice and palliative nurse, president-elect of the Central Texas Oncology Nursing Society, and a member of Sigma Theta Tau, the Hospice and Palliative Care Nurses Association, American Holistic Nursing Association, and the Southern Nursing Research Society.

**Megan Pfitzinger Lippe** is a second-year doctoral student who received her master's in nursing ('11) and bachelor's in nursing ('09) from UT Austin. Her research focuses on palliative care and end-of-life nursing education, with a current emphasis on evaluating nursing curriculum on the associated content. Her goals are to develop evidence-based teaching strategies and evaluate the effectiveness of nursing curricula in providing appropriate palliative care education to pre-licensure students. Megan currently works as an assistant instructor in clinical nursing at the School of Nursing. She is married with two young children. As a Jonas Scholar, Megan plans to use the tools and resources available at the School of Nursing and within the Jonas Center program to continue to develop as a nurse scientist, nurse educator and future nurse leader.

The Jonas Nurse Leader Scholars at the UT Austin School of Nursing were made possible by a grant from the Jonas Center for Nursing and Veterans Healthcare, a scholarship program dedicated to building the effectiveness of America's professional nurses, and generous matching funds by School of Nursing donors.



Janet Morrison, RN, MSN

## Multiple sclerosis researcher receives prestigious national award

Running, lifting and cycling have helped **Janet Morrison** balance the rigors of being a doctoral student and research associate at the School of Nursing. She has combined her passion for promoting health through physical



Megan Pfitzinger Lippe, RN, MSN and Ashley Henneghan, RN, MSN

activity with experience as a research associate for Dean Alexa Stuifbergen into a randomized clinical trial investigating the effects of physical activity on cognitive function in persons with multiple sclerosis (MS) for her dissertation. The study has been awarded a National Research Service Award from the National Institute of Nursing Research at the National Institutes of Health. Certified in MS nursing by the International Organization of MS Nurses, Janet became a certified inclusive fitness trainer in preparation for working with persons with disabilities. The study will include 30 individuals with MS experiencing impaired cognitive function and will measure the effect of the intervention on cognitive function, physical activity, fatigue and depressive symptoms as well as provide pilot data for future studies with larger samples.

## Undergraduate student publishes research

Honors student **Elise Nellsch** is off to a quick start in nursing research. With the aid of Dr. Lorraine Walker, RN, EdD, MPH, FAAN and professor at the School of Nursing, she turned her research on meeting the health needs of new mothers through internet-based information, advice and decision support into an article that was published in the November 2013 issue of *Telemedicine and e-Health*.

"We're so reliant on technology today, and I'm interested in finding out how it can be used to support the dissemination of health care information," Elise said. "Getting the opportunity to work with Dr. Walker was a wonderful experience, and I would urge all undergraduates to apply for the honors program."

"Elise is a fearless, determined and very bright student," Dr. Walker said. "Although she kept saying, 'I've never done this before,' she jumped into each step of the research process with resolve and intelligence and accomplished her goals for the research with competence and timeliness."

Elise graduated with a Bachelor of Science in Nursing in May 2014.

# Congratulations to the Class of 2014

“The School of Nursing represents a strong and extraordinary community of excellent students, dedicated faculty and staff, and supportive alumni and friends who are committed to addressing the many significant health care challenges of the 21st century through education, research and service. As a part of this remarkable community, you have worked hard, and the world will be a better place because you have learned how to apply knowledge to both new and age-old health care issues and to bring better information to bear on the problems around you.”

—Dean Alexa Stuijbergen



Left: Dr. Bo Xie at commencement 2014



Above: Bachelor of Science in Nursing graduates Madison Worley, Marian Wyper and Ying Tung Yu



Above: Dr. Terry Jones, Dr. Lorraine Walker and Dr. Linda Yoder



Left: Graduate students Erica Navaira and Kimberly Blum



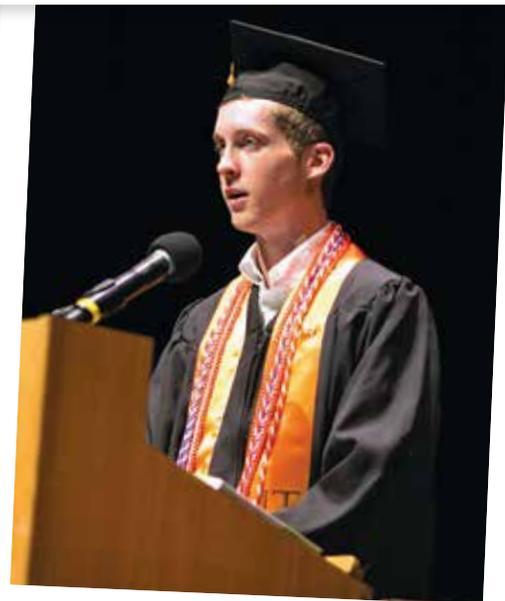
Below: Master of Science in Nursing graduates Kimberly Blum, Rebekah Hamner, Joyce Tseng, Abigail Laney, Aelim Choi, Ryan Carpenter, Edgar Halford



Below: Dean Alexa Stuijbergen, Ms. Luci Baines Johnson (keynote speaker) and former Dean Billye Brown



Right: Clay Clark, president, University of Texas Nursing Students' Association, graduating BSN student





## Breaking Down Traditional Siloes

### A VISIT WITH THE INAUGURAL DEAN OF THE DELL MEDICAL SCHOOL

CLAY JOHNSTON, MD, PHD, and inaugural dean of the Dell Medical School, came to Austin from the University of California, San Francisco, where he was director of the Clinical Translational Science Institute (CTSI), associate vice chancellor for research, and a professor of neurology and epidemiology. As a researcher and clinical leader in his field, he has led the way in the prevention and treatment of stroke and transient ischemic attack.

In line with the School of Nursing's efforts to integrate inter-professional education into nursing curriculum, Dean Johnston envisions a team approach in which all health care workers are integral parts of the way health care will be provided in Central Texas. In a recent interview, he discussed his plans for the new medical school.

**Longhorn Nursing (LN):** Does the culture of the current health care system need to change? If so, how?

**Dean Johnston (DJ):** I could spend hours on this but in a quick summary I would say there are four major changes that could improve our system.

1. We need to be thinking more about systems and teams and less about individuals. This means taking better advantage of the diverse expertise we represent in our different professions and working together to find better approaches.
2. We need to reward value and not volume. Reimbursement is strongly related to volume of procedures, admissions, drugs and other things. This turns our focus away from the primary goal of providing better care or even reducing the need for care.
3. We need to be more focused on health promotion and reward people and systems that provide it.
4. Technology needs to become a key enabler, and the systems need to be put in place to reward its effective use as a tool to generate value.

**LN:** How will classroom instruction be different at the Dell Medical School?

**DJ:** All these changes in culture require that we train our students, residents, fellows and even practicing doctors to think differently. The curriculum must embrace this future. In addition, not being constrained by current practices, we have the ability to incorporate proven approaches to teaching, such as adaptive/competency-based learning, team-based learning, and flipped classrooms, where lectures are absorbed via video outside of class, and class time is spent more interactively, working through problems in teams, guided by a professor.

**LN:** Why is inter-professional health care delivery important? What will inter-professional education look like at the DMS?

**DJ:** The right professional should be focusing on the tasks they are best able to perform, and the group together is more likely to find innovative solutions in the system. We want medical students working with nursing and other professional students from the get-go. We are planning on creating multidisciplinary teams working on real projects to improve health or health care as part of a longitudinal teaching experience.

**LN:** Could you describe your views on medicine as a "social responsibility"?

**DJ:** Is there anything more important than health? We must strive to improve the delivery of health care to encompass all, regardless of the ability to pay. This is only possible if we focus on prevention and on value. There is no room for waste.

**LN:** How do you plan to integrate the existing health care education on campus into the experience of the medical student's education?

**DJ:** We are working on this right now. There are too many great teachers on campus not to take advantage of their expertise. We also will be very focused on multidisciplinary and teachers helping to break down traditional siloes.

## Nurses Leading Efforts to Achieve Healthier Communities

**Elizabeth Loika, DNP, PNC-C, FNP-C**, comes from a family with a history of public-health service. Her grandmother, for instance, served as a nurse with the American Red Cross on the battlefields of France during World War I and subsequently became a community health nurse. It was only natural that after retiring from the U.S. Air Force in 2003 Dr. Loika would look for a way to give back to her community.

During her search, she was stunned to find that her Florida community did not provide health care for underserved populations, and it soon became clear that this deficiency of care was causing a tremendous drain at local emergency rooms (ER). Because of a lack of financial support and leadership, and the mismanagement of resources, primary care was not meeting the community's health care needs. Individuals experiencing asthma difficulties, for example, were generally treated in the ER without receiving prior care.

Dr. Loika recognized that comprehensive asthma care was needed and developed a program that included treatment for the exacerbation of asthma, provider evaluation, necessary medications, equipment supplies and education for self-management. It was highly successful, and she received an Award of Excellence from the state of Florida.

"Ultimately, comprehensive health care affects the entire community," she said. "By threading public-health initiatives into primary care, we can improve health care outcomes."

It's by taking this sort of proactive approach, she explained, that nurses can initiate preventive actions to abate hazards before they manifest as disease.

"Primary care is becoming more and more a public-health initiative. The more education provided to the public by

educated nurses, the better the concepts you're trying to communicate are understood. That's when you see real change for the better."

As associate professor of clinical nursing and director of the UT Austin School of Nursing's two clinics — the Family Wellness Center (FWC) and Children's Wellness Center (CWC)

— Dr. Loika has her hands full implementing and overseeing a variety of community nursing health care programs for Austin's underserved population.

These days the clinics are becoming "one-stop shops" for people with chronic illnesses and limited resources. Dr. Loika is especially proud of the comprehensive diabetes program at the FWC, which provides nurse-managed care by employing the strengths of an inter-professional team comprising an endocrinologist, nutritionist, pharmacist, medical assistants and nurses. The team sees patients one day a week, but in that time they are able to evaluate, prescribe medication, provide supplies, educate and monitor each individual in one appointment.

"Managing diabetes is a huge challenge," said Susan Dubois, MD, endocrinologist at the FWC. "A multi-disciplinary care team approach eases the burden on primary care, leading to improved outcomes in hemoglobin A1C, blood pressure, and lipid control, and more patient engagement and satisfaction."

In addition to its highly successful vaccination program for school children, the CWC is establishing a nurse-managed



**Dr. Susan Dubois (third from right) is flanked by members of the Family Wellness Center's Diabetes Team**

"ULTIMATELY, COMPREHENSIVE HEALTH CARE AFFECTS THE ENTIRE COMMUNITY. BY THREADING PUBLIC-HEALTH INITIATIVES INTO PRIMARY CARE, WE CAN IMPROVE HEALTH CARE OUTCOMES."

pediatric asthma program based on the diabetes model, and plans are underway to launch a pediatric obesity prevention program.

"We're aligning to become more effective in seeing greater numbers of people," Dr. Loika said. "Nurses are the backbone in this realignment. Well-educated nurses have become an essential part in bringing public health and primary care together to promote healthier communities."

## Program Updates



### Exceeding all expectations: AE-MSN program celebrates 25th year

If ever an academic program could be described as an overachiever, UT Austin School of Nursing's Alternate-Entry Master of Science in Nursing (AE-MSN) program certainly could.

This year the AE-MSN program, the second of its kind in the nation, celebrates its 25th anniversary. The program was designed for individuals holding baccalaureate or graduate degrees in disciplines other than nursing who are interested in pursuing both a registered nurse license and master's in nursing degree. Today, several other schools of nursing provide a similar program.

"The program was popular right from the beginning," said Dr. Marlene Weitzel, who taught one of the first AE-MSN classes and also served as graduate advisor. "We had so many applicants with such varied backgrounds, maturity and a sense of commitment that I wasn't used to seeing in students. It's a program that attracts exceptional people."

The role of graduate nursing education at the UT Austin School of Nursing is twofold: to improve patient safety, quality of care and efficiency through well-educated nurses; and to increase the availability of qualified nurse educators and scientists. The groundwork for the successful AE-MSN program began when Dr. Billye Brown, first

dean of the School of Nursing, foresaw a need for nurses with more education and yet recognized a dearth in the number of graduate programs in nursing across the country. Following her lead, former Dean Dolores Sands ensured that more master's-educated nurses would be prepared for the workforce by establishing the accelerated AE-MSN program.

"Students from every walk of life – engineering, music, business, you name it – apply to the program and bring so much energy and enthusiasm," said Dr. Carole Taxis, associate professor of clinical nursing and current graduate advisor. "Their life experiences tend to make them more likely to challenge conventional wisdom, too. They're not blank slates."

Since the program began in 1989, more than 691 students have graduated. Students are admitted once a year, and 144 are currently enrolled.

"I am more confident than ever that our graduate programs are helping to improve health care across the nation by graduating the best and brightest," said Alexa Stuijbergen, dean of the School of Nursing. "The AE-MSN program has gone a long way toward making this possible."

## Family Psychiatric/Mental Health Nurse Practitioner program addresses mental health care shortage

Today in the United States, health care and mental health care are often divided into two nonintegrated treatment systems, and of the two, mental health care is the more poorly supported. The stigma attached to mental illness and a severe shortage of specially trained mental health care providers – particularly in Texas – add to the problem.

As a result, people with serious mental illnesses are overrepresented in the homeless population, jails and prisons have become the new state hospitals, and community support systems are overwhelmed.

Five years ago, the School of Nursing established the Family Psychiatric/Mental

health care and thereby providing great value to the community.”

Graduates can expect to work in a variety of settings, such as community mental health centers, state and private hospitals, eating disorder clinics, private practice offices, and jails. Even long-term care and skilled nursing facilities are calling upon the services of mental health care providers since geriatric patients may already suffer from mental illness or have developed mood or behavioral changes associated with advancing dementia.

It’s clear that job opportunities abound. “The most recent cohort were all employed immediately upon graduation and licensure

and can expect to have very successful, fulfilling careers,” said Dr. Rolin-Kenny.

If there is a dark cloud on the horizon for these future mental health care providers, it’s that Texas is one of a, albeit shrinking, group of states that still do not allow advanced practice registered nurses (APRNs), which includes nurse practitioners, to practice to the full extent of their education and

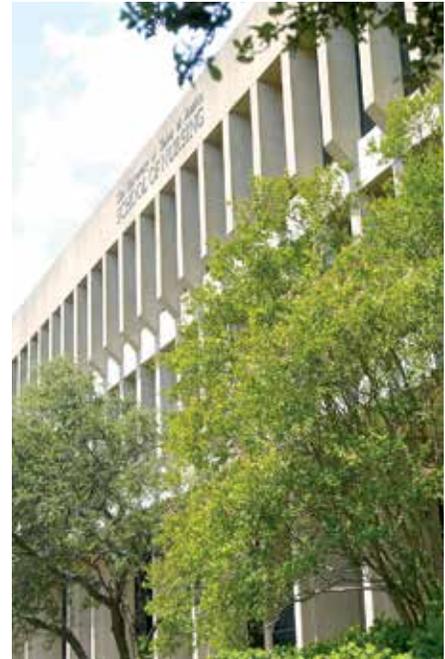


Health Nurse Practitioner program (FPMHNP) to provide psychiatric-mental health care at an advanced level to individuals of all ages and their families. This program is supported by a grant from St. David’s Foundation and continues to expand. Graduates of the program are prepared to perform psychiatric assessments and evaluations; prescribe psychotropic medications; and conduct group, family and individual psychotherapy across the lifespan.

“Seriously mentally ill patients need constant support,” said Dr. Donna Rolin-Kenny, assistant professor of clinical nursing and director of the FPMHNP program. “Not only are our graduates supplying that support, they are helping bridge the gap in

training. The Texas Nursing Practice Act does not provide APRNs the authority to diagnose or prescribe medication under their own license. Instead, it requires supervision and delegation by a physician, which means that NPs must petition and, in most cases, pay a Texas physician to grant them delegated prescriptive authority.

“The scope of practice is very different across the country,” said Dr. Rolin-Kenny. “The Texas Legislature has recently made incremental steps towards relaxing the current restrictions. The School of Nursing supports these efforts and looks forward to the day when nurse practitioners can practice independently, as they do in many states across the nation.”



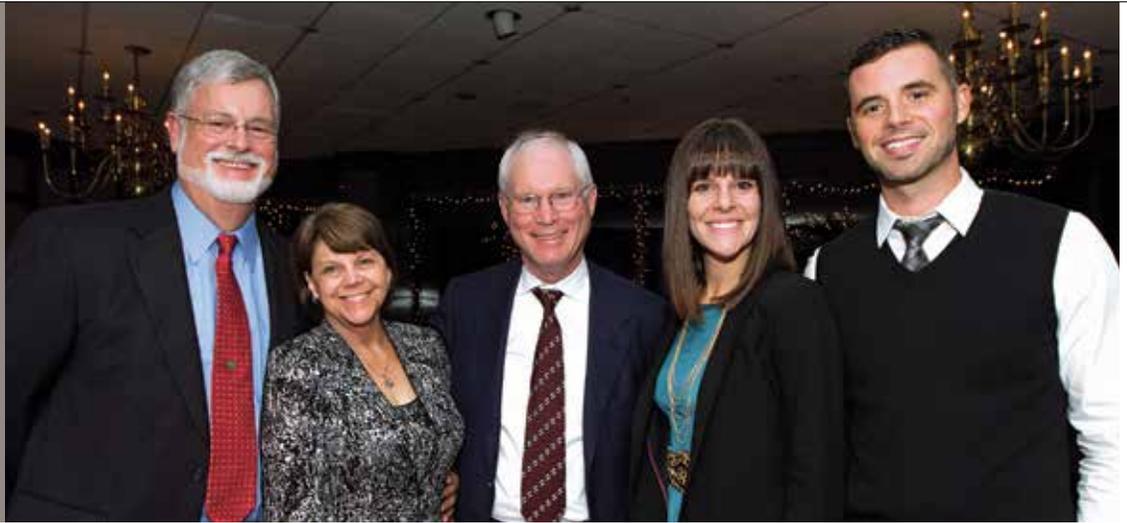
## School of Nursing explores launch of Doctor of Nursing Practice program

In January and February 2014, the School of Nursing, in collaboration with local community health organizations, conducted a needs assessment for graduate nursing education in the greater Austin community. The survey of more than 1,300 nurses indicated a substantial interest in pursuing further formal professional education, with more than one-third of those surveyed indicating an interest in obtaining a doctor of nursing practice (DNP) degree. No other school in Central Texas currently offers such a degree. In response to this identified need, the UT Austin School of Nursing is exploring the process of developing a post-master’s DNP degree program.

The survey effort was led by Dr. Jane Dimmitt Champion, professor at the School of Nursing.

## Donor Spotlight

David and Colleen Chamberlain, John Chamberlain, Katy Chamberlain, and Jace Pirtle, Katy's fiancé



## A Family Affair

Giving is a way of life for these brothers and their aunt

John Chamberlain is an Aggie. So is his brother David. In fact, John and David are members of three generations that have graduated from Texas A&M. You could say the whole family bleeds maroon. That's why the brothers — along with their Aunt Lou, a Baylor grad — recently established an endowment for The University of Texas at Austin School of Nursing.

That may boggle the mind, but it shouldn't. The brothers were taught at their mother's knee the value of giving to others and trying to make the world a better place. "It starts with the way I was brought up," John said. "I was taught that our talents and money should be used to help others. My parents were generous donors, and as I grew older, I began to think of areas where I could help."

This story begins with their mother, Barbara Hall Chamberlain, who received her nursing diploma from Allentown Hospital in Pennsylvania in September 1941, just before the United States entered World War II. The following June, she enlisted in the U.S. Army Nurse Corps and served in Maryland as an operating room and general duty nurse. While still in Maryland, she met Army Lieutenant Nugent Chamberlain, a recent A&M graduate, and by October 1943, they were married.

Only a few days later, Nugent was shipped to the Pacific, where he eventually

participated in the invasions of Iwo Jima and Okinawa. Barbara was assigned to a military hospital in Topeka, Kansas, where she assisted surgeons who operated on seriously wounded soldiers, many of whom had served under General George S. Patton.

With the war's end, the couple was able to put down roots in Baytown, Texas, where Nugent worked as a research chemist for Humble Oil and Refining Company (later Exxon USA). Barbara chose not to return to nursing, but retained her license and frequently volunteered at a local hospital. They reared three sons: John, Scott and David. Following in their father's footsteps, the eldest and youngest graduated from Texas A&M, but Scott got his degree in government from UT Austin. John also eventually succumbed to the lure of the Longhorns and graduated from UT Austin's Law School.

The family thrived and over the years, Barbara and Nugent made generous donations to various charities and funded four-year scholarships for A&M students. In 2009, John, David and their mother established an endowment in UT Austin's College of Liberal Arts in memory of Scott, who had died the previous year, to honor his love for the university.

Today, John and David are retired, but the generosity continues. Following their mother's death in 2011, the brothers and

their aunt, Emmie Lou Boston, who had loved Barbara like a sister rather than a sister-in-law, decided to honor Barbara's influence on their lives by establishing an endowment in her name.

"Our mother played a key part in our lives," John said. "She never attended UT Austin, but we had heard great things about the School of Nursing, so it seemed like a good idea to help educate student nurses."

In November 2013, the School of Nursing hosted Fall Celebration, a dinner to honor outstanding alumni and to say thank you to generous donors. John and David, along with David's wife, Colleen, and daughter Katy, were among the guests.

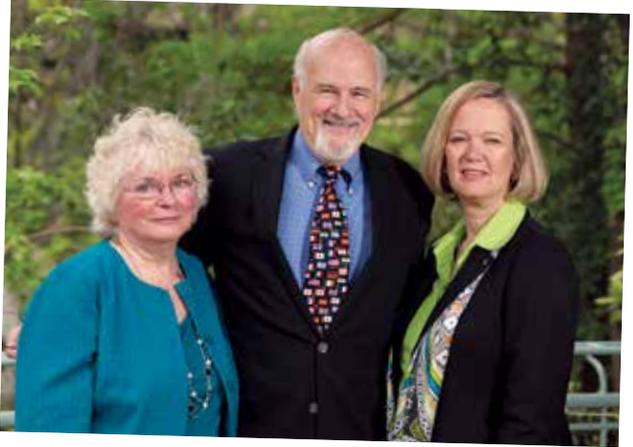
"It's fair to say that our decision to donate to the School of Nursing was prompted by our mother being a nurse; it was the result of that personal connection," John said. "And we chose UT Austin School of Nursing because of its reputation. After speaking to faculty members at the Fall Celebration and hearing about the importance of educating and equipping nurses to meet the health care needs of the future, I know it was the right thing to do."



Barbara Hall Chamberlain

# Events

It's been a busy year. On November 7, 2013, the School of Nursing hosted an event to honor distinguished alumni, rising star alumni, and generous new endowment donors. "Promoting Healthy Communities" was the theme of this year's St. David's CHPR research conference on April 2. Alumni, donors and friends were invited to attend Longhorn Nursing Week, April 21-25, during which they participated in a hospital simulation. On May 2, the School held its annual Florence Nightingale birthday party.



**Clockwise: Faculty and students celebrated Florence Nightingale's birthday; donor Mark Moores, alumna Julie Fincher Moore and Jodie Moore at event honoring distinguished alumni; Dr. Lorraine Walker, Dr. Lawrence Green from the University of California, San Francisco, and Dean Alexa Stuijbergen at the annual St David's CHPR conference; alumna Norine Yukon participates in Longhorn Nursing Week's hospital simulation; distinguished alumni Dr. Mary Lou Bond and Dr. Ruth Anderson with Dean Stuijbergen**

# Faculty Update

## Article garners award

**Sung-Heui Bae, PhD, MPH**, and assistant professor, was honored by the American Academy of Nursing with the 2013 Excellence in Policy Award for her article "State mandatory overtime regulations and newly licensed nurses' mandatory and voluntary overtime and total work hours" published in *Nursing Outlook*, March 2012.

## Longtime asthma researcher's contributions honored



**Sharon Horner, PhD, RN, FAAN**, and associate dean for research, received the Texas Rural Health's Association's Researcher of the Year Award, the National Association of Clinical Nurse Specialists' Sue B. Davidson Service Award, and the Southern Nursing Research Society's Research in Minority Health Award.

## Faculty member receives Award for Excellence

**Sheryl Innerarity, PhD, RN, FNP, CNS**, was selected for the 2014 Nurse Practitioner State Award for Excellence from Texas. The award is presented annually by the American Academy of Nurse Practitioners to a nurse practitioner (NP) in each state who has demonstrated excellence in NP clinical practice.

## Professor appointed to advisory commission



**Miyong Kim, PhD, RN, FAAN**, was appointed to the Austin City Council Asian American Quality of Life Advisory Commission. The commission provides ongoing guidance and support for Asian American quality of life initiatives.

## Assistant professor receives national nursing award

**Cherie Simpson, PhD, MBA, RN, CNS, PT**, received the National Gerontological Nursing Association's Judith Braun Award for Advancing the Practice of Gerontological Nursing through Research for her study "The Dynamic Experience of Dementia Caregiving" with caregivers of persons with dementia.

## Nursing professor honored by Ohio State University



**Gayle Timmerman, PhD, RN, CNS, FAAN**, and associate dean for academic affairs was named one of 100 distinguished alumni of Ohio State University College of Nursing. The award recognizes alumni who have helped to transform health care during their careers. Dr. Timmerman was also appointed to the National Association of Clinical Nurse Specialists board.

## Faculty member selected as AANP fellow

**Diane Tyler, PhD, RN, FNP, FAAN, FAANP**, and professor of clinical nursing, was inducted into the Fellows of the American Association of Nurse Practitioners (AANP) during the association's 2014 annual conference.

## School of Nursing faculty leadership in Dell Medical School (DMS) launch



**Alexa Stuijbergen, PhD, RN, FAAN**, and dean of the School of Nursing, is currently serving on the Dell Medical School Steering Committee, the Building Committee and five search committees.

**Dr. Timmerman**, is chair of the DMS Curriculum Task Force on Inter-professional Educa-

tion and a member of the Oversight Committee of the Curriculum Working Group.

**Deborah Volker, PhD, RN, AOCN, FAAN**, was appointed co-leader of a task force to develop recommendations for the Ethics and Humanities Curriculum Theme.



**Bo Xie, PhD**, is a member of the Informatics Curriculum Development Task Force.

## In Memoriam

**ROBERT ASKEW, SR., MD, ADVISORY COUNCIL MEMBER**

**AUDREY K. BILLET, BSN 1949**

**JACK S. BLANTON, DONOR**

**DOROTHY R. CASEY, BSN 1972, MSN 1976**

**BEVERLY ASKEW CHITWOOD, BSN 1954**

**NEAL W. COLLINS, MSN 1969**

**MAXINE CASKEY CRUM, MSN 1982**

**PATRICIA K. DAVIS, MSN 1972**

**SHARON FARLEY, PHD 1984**

**ROBERT G. W. GIRLING, DONOR**

**SHARON W. HOCH, BSN 1982**

**HENRIETTA JACOBSEN, DONOR**

**CATHERINE J. MACLAUGHLIN, ACADEMIC ADVISOR**

**KELLEY ANN WILLIAMS MOORE, BSN 1985**

**HOWARD FREDERICK RASE, PHD, DONOR**

**ELIZABETH SNYDER, MSN 1968**

**R. MANNING STROUP, BSN 1969**

**MILDRED TAPPER, ASSISTANT PROFESSOR 1972-76, ASSOCIATE PROFESSOR, 1976-88**

**LAUREN S. WESSON, BSN 2002**



## A Success from the Start

**NAMED FOR THE ICONIC LAMP** carried by Florence Nightingale, the Golden Lamp Society was established to foster a tradition of philanthropy within The University of Texas at Austin School of Nursing. By recognizing alumni and friends who make annual donations to the School, the Society honors the commitment of individual donors to the future of nursing.

To learn more about the giving levels and benefits, visit [www.utexas.edu/nursing/support/ways\\_golden.html](http://www.utexas.edu/nursing/support/ways_golden.html).

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THE UNIVERSITY OF TEXAS AT AUSTIN

## School of Nursing

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